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COLONOSCOPY

Preparation

After buying Citrafleet at the Pharmacy, you need to begin the following preparation:

Two days preceding the exam, start a fiber-free diet.

Allowed foods /drinks	 Not allowed foods/drinks
<ul style="list-style-type: none">• Liquids (water, tea, coffee, fruitjuices without pulp)• White bread• Meat, fish, boiled eggs• Potatoes, boiled pasta and white rice• Cottage cheese• Gelatine• Plain yogurt	<ul style="list-style-type: none">• Milk and tomato juice• Fruit• Dried fruits (figs, nuts, hazelnuts etc.)• Vegetables (cabbage, spinach, onion, tomato, carrot, lettuce etc)• Dried beans (beans, chickpeas, maize etc)• Cereal

The day preceding the exam:

If your exam takes place in the morning:

Breakfast: You may drink some tea and eat a white bread toast.

During the day and until bedtime you may eat gelatine, chicken broth, and drink many liquids.

It is recommended to take the **first dose** of Citrafleet at 18 p.m. Dissolve the contents of one sachet in a glass of water (250 ml) and stir during 2-3 minutes until it becomes murky.

The **second dose** of Citrafleet may be taken between 21 and 22 p.m.

On the morning of the colonoscopy

You must fast

If your exam takes place in the afternoon:

Lunchtime: Your meal should consist of white fish or chicken breast with boiled potatoes or white rice, gelatine and liquids.

21 p. m.: Take your **first dose** of Citrafleet. Dissolve the contents of one sachet in a glass of water (250 ml) and stir during 2-3 minutes until it becomes murky. After this you must drink many liquids (water, tea and juices without pulp).

On the morning of the colonoscopy:

8 a. m.: Take your **second dose** of Citrafleet. Afterwards drink of liquids until 6 hours before the exam.

A good cleansing of the colon is essential for the success of the exam.



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Colonoscopy

Information

Colonoscopy means visualization of the colon (large intestine). The colonoscope is a flexible device (a flexible lighted tube fitted with a tiny camera) that is inserted through the anus to observe the interior of the rectum and colon, detect changes and if necessary collect tissue fragments (biopsies) for analysis, as well as removing polyps (polypectomy) which are tumors that may be benign with the possibility of becoming malignant tumors.

There are other non-endoscopic techniques that allow observation of the large intestine: the barium enema and virtual colonoscopy. These techniques have their virtues but do not allow the possibility of taking a biopsy or a polypectomy. Good colon cleansing is essential for all techniques.

A total colonoscopy to view the entire colon (which is not always possible) may be done (1) without sedation (2) with mild sedation that reduces anxiety and pain or (3) with deep sedation performed by an anesthesiologist to eliminate pain and discomfort and which is not a general anesthetic but still requires prior fasting for 6 hours. Sedation, either mild or deep, requires the presence of a companion. A left colonoscopy allows viewing of the left half of the colon (80 to 90% of benign and malignant tumors are located on the left half of the colon) can be achieved without sedation or with mild sedation. The total length of the colon varies between 130 and 150 cm.

None of the techniques to view the large intestine is perfect: the cleaning is not always effective and the structure of the colon, with angles, folds and mobility makes the observation sometimes difficult. All techniques may miss lesions but, despite the limitations, screening for colon cancer using any of these techniques has been proven to save lives.

Apart from abdominal pain, other complications of colonoscopy are rare. Serious complications such as perforation, hemorrhage, cardiovascular problems as well as cardiovascular complications of sedation occur in less than 1 in 10,000 examinations. With polypectomy, complications (bleeding and perforation) occur in less than 1 in every 1,000 tests.

Prior to the procedure, the doctor (gastroenterologist) who performs the endoscopy should be informed if you have allergies and other present or past illnesses as well as any medications currently being taken.

A total colonoscopy usually takes less than 30 minutes and a left colonoscopy less than 10 minutes. After the colonoscopy a report will be provided to be given to the referring physician. As mentioned before, if sedation was used you must return home accompanied and may not drive for the remainder of the day.

Before the exam you will need to sign a form similar to this one - " consent form"